

# **School Based Health Center (SBHC) Program Brief: FY 2005**

## **Massachusetts Department of Public Health**

*This brief summarizes the purpose, the served population, the activities and accomplishments of the School Based Health Center program during the 2004-2005 school year. Data were reported using “Clinical Fusion” software from 49 program sites to the MDPH SBHC program as required by Commonwealth terms and conditions for program oversight. The statistics shown in this brief are developed from those data for the school year ending June, 2005.*

### **Program Description:**

School-Based Health Centers (SBHC) are comprehensive primary care programs, located within or on the campus of elementary, middle and high schools and linked to other community-based services, that provide developmentally and culturally appropriate health care to students who otherwise may not have access to primary care. With a multi-disciplinary staff, the centers promote positive health behaviors. The centers increase health knowledge and decision making skills through programs that are coordinated with existing health education activities. The Department funds 22 health providers that operate a total of 49 centers across the state in collaboration with local school systems in high-risk communities. Efforts are also supported to assist the SBHCs in becoming licensed and therefore able to bill third parties for services.

The primary goal of the School Based Health Center (SBHC) Program is to assure access and provision of comprehensive, high-quality, primary preventive care to children and youth, particularly to those at risk for health problems and with poor access to or utilization of primary health care. This goal is based on the fundamental understanding that meeting the physical and mental health needs of children increases their opportunity for learning and academic success.

An indicator of goal achievement is the percentage of visits after which students were returned to class without further interruption to their studies. In 2004-2005, 95% of visits resulted in students returning to class. The term ‘visit’ as used in this brief, refers to a clinical encounter with staff.

### **How Does the Program Work?**

During the 2004-2005 school year, under contract with MDPH, 22 sponsoring healthcare agencies including hospitals and community health centers were funded to operate 49 SBHC clinics. These clinics:

- function as off site outpatient clinics of their sponsoring agencies.
- are staffed by nurse practitioners or physician assistants who are authorized to prescribe medications.
- are supervised by a medical director.
- comply with National Standards for Pediatric Preventive Care such as the American Medical Association’s Guidelines for Adolescent Preventive Services.
- are associated with a school district.
- were selected by a competitive process in compliance with Commonwealth Purchase of Service rules and regulations.

## **Program Activities and Students Served:**

During the 2004-2005 school year, over half (28,064) of the total public school children and adolescents (55,239) in grades K-12 in the schools served were registered for care at MDPH-funded school-based health centers. Of all registrants<sup>1</sup> 47.8% (13,426 students) had at least one visit to a SBHC and are referred to as ‘SBHC users’ in this document. The median number of visits per student was 4.2 for the year. The total number of visits was 51,794.

### **Profile of Students who used SBHCs:**

Following registration, 47.8% (13,426) of the 28,064 student registrants sought care at an SBHC. Of these 13,426 SBHC users who visited MA SBHCs, 63.1% were female and 36.9% were male. Most (69.5%) of the SBHC users were between 14-18 years old. The racial/ethnic groups most frequently seen in SBHCs were Hispanic (40.2%), followed by white Non-Hispanic (28.4%), Black Non-Hispanic (22.2%) and Asian (4.0%). Two percent (2.3%) of the SBHC users did not specify a racial/ethnic group. Over half (51.8%) of SBHC users had some form of public insurance while 28.4% reported having no insurance at all. These insurance data indicate that SBHCs are serving youths with varying insurance status.

### **Profile of Services:**

Services provided to students during the 51,794 visits to SBHCs were categorized according to one of the four service types as defined in Table 1. These service type classifications were based on SBHC staff’s clinical judgment and were documented using universally accepted coding guidelines (ICD-9 Codes). It is important to note that one visit could include multiple service types. For example, a student being treated for asthma (a chronic medical condition) could also be counseled for violence or any other health risk behavior during the same visit. Therefore there is a larger total for Visit Service Types (53,443) in Table 1 than the total number of visits (51,794).

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<sup>1</sup> **Registrant or registered student** – A student who is registered with a School Based Health Center. (A student must be registered prior to receiving care at a SBHC, but registration alone does not imply that student ever received care at the SBHC.)

**Table 1. Visit Service Types**  
 49 School Based Health Centers, Massachusetts: 2005  
 (n=53,443 Visit Services)

| <b>Visit Service Type</b>  | <b>Number of<br/>Visit<br/>Services*</b> | <b>Percent</b> |
|--|--|----------------|
| <b>Acute or Chronic Medical</b><br>Office evaluations for specific symptoms, for example sore throat   | 31,040                                   | 58.1%          |
| <b>Prevention</b><br>Preventive medical evaluation and management including physical exams, well-child checks, sports and work physicals                             | 12,005                                   | 22.5%          |
| <b>Counseling</b><br>Therapeutic counseling services and anticipatory guidance or risk factor reduction strategies that promote health and prevent illness or injury | 5,773                                    | 10.8%          |
| <b>Case Management</b><br>Coordinating patient care services and anticipatory guidance or risk factor reduction strategies that promote health and prevent injury    | 4,625                                    | 9.0%           |
| <b>Total</b>   | 53,443                                   | 100%           |

\* During a visit to the clinic, a student may see more than one provider or present more than one type of problem. Therefore, there may be more than one type of service per visit.

### Health Risk Assessments:

Clinical providers in the school setting recognize the importance of identifying health risk and protective factors as a part of offering comprehensive primary care services. SBHC Program standards recommend that adolescents should receive an annual health risk assessment based on standardized tools such as the Guidelines for Adolescent Preventive Services (GAPS)<sup>2</sup> screening instrument or the Home, Education/Employment, Activities, Drugs, Sexuality, and Suicide /Depression screen (HEADSS)<sup>3</sup> method for obtaining a psychosocial history. The early identification of health risks allows clinicians to intervene to promote altering the course of problem health behaviors. Table 2 shows the distribution of assessments conducted by SBHC clinics in 2004-2005 grouped into four thematic categories. The individual risk factors associated with each category are shown. For example, those factors listed in the nutrition and exercise category are known to be associated with negative health outcomes in this category. An

<sup>2</sup> Levenberg, PB., Elster AB. American Medical Association. *Guidelines for Adolescent Preventive Services (GAPS) Implementation and Resource Manual*. Chicag, Ill.: American Medical Association: 1995.

<sup>3</sup> Green, M, Palfrey JS, eds. 2002 *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2<sup>nd</sup> ed., rev). Arlington, VA: National Center for Maternal and Child Health.

SBHC user may have multiple assessments within different categories. Therefore the number of assessments is larger than the number of users (13,246) and the number of visits (51,794).

**Table 2. Health Risk Assessments by Category\***  
 49 School Based Health Centers, Massachusetts: 2005  
 (n=70,336 assessments)

| <b>Assessment Category</b>                | <b>Specific Risk Factors</b>  | <b>Number of Assessments</b> | <b>Percent</b> |
|---|---|------------------------------|----------------|
| <b>Mental and Emotional Health</b>        | Conflicts, Depression, Emotional Abuse, Hypersomnia, Insomnia, Physical Abuse, Rape or Sexual Abuse, Suicide Risk, Violent Behavior, Witness to Violence, Work Stress         | 21,443                       | 30.5%          |
| <b>Nutrition and Exercise</b>             | Anemia, Excessive Dieting, Exercise, Overweight, Poor Dietary Practice, Underweight   | 19,164                       | 27.2%          |
| <b>Alcohol, Tobacco &amp; Other Drugs</b> | Anabolic Steroid Use, Crack/Cocaine Use, Family Alcohol Abuse, Household Smoking, Inhalant Use, Marijuana Use, Pregnant Student Alcohol Use, Student Alcohol Use, Tobacco Use | 13,984                       | 20.0%          |
| <b>Reproductive Health</b>                | Unprotected Sex, STD, Pregnancy Risk, Prenatal Health   | 15,745                       | 22.3%          |
| <b>Total</b>                              |   | 70,336                       | 100%           |

\* Providers screen students for specific risk factors (column 2). Each specific risk factor assessment is counted as a separate assessment. Therefore, the number of assessments is larger than the number of users and the number of visits.

### **Most Frequent Diagnoses:**

Diagnoses listed in table 3 were made based on the clinical judgment of the Nurse Practitioners/Physician Assistants who provided the care. Please note that two or more diagnoses may be documented during the course of one visit. These 10 most frequent diagnoses represent 43.8% of all visits (51,794).

**Table 3. Ten Most Frequent Diagnoses**  
 49 School Based Health Centers, Massachusetts: 2005  
 (all visits n=51,794; visits with 10 most frequent diagnoses n=22,714)

| <b>Diagnosis</b>                               | <b>Number of Visits with Diagnosis</b> | <b>Percent of All Visits with Diagnosis</b> |
|--|--|---|
| Acute Upper Respiratory Infection, Sore Throat | 4,077                                  | 7.9%  |
| Family Planning/Contraceptive Management       | 3,281                                  | 6.3%  |
| Headache                                       | 2,767                                  | 5.3%  |
| Other Counseling, Not Elsewhere Classified     | 2,689                                  | 5.2%  |
| Other STD Counseling                           | 1,888                                  | 3.6%  |
| Unspecified Follow-up Exam                     | 1,742                                  | 3.4%  |
| Dietary Surveillance & Counseling              | 1,687                                  | 3.3%  |
| Other Specified Counseling, NOS                | 1,604                                  | 3.1%  |
| Depression Non-Specific                        | 1,507                                  | 2.9%  |
| Asthma w/o Status Asthmaticus                  | 1,472                                  | 2.8%  |
| Ten Most Frequent Diagnoses                    | 22,714                                 | 43.8%                                       |

### **Mental Health Visits:**

A “mental health visit” is a visit in which there is one or more emotional/behavioral health diagnostic code. 1,845 students had one or more visits with an emotional/behavioral health diagnostic code. There were 10,151 mental health visits during the 2004-2005 school year, of which 1,000 were clinical psychotherapy visits. The four most frequent diagnoses represent 40.6% of all mental health visits. 14.8% of mental health visits, or 2.9% of all visits had a “Depression Non-specific” diagnosis.

**Table 4. Four Most Frequent Mental Health Diagnoses**  
 49 School Based Health Centers, Massachusetts: 2005  
 (all mental health visits n=10,151; 4 most frequent n=4,126)

| <b>Diagnosis</b>                     | <b>Number of Diagnoses</b> | <b>Percent of Mental Health Visits with Diagnosis</b> |
|--------------------------------------|----------------------------|---|
| Depression Non-specific              | 1,507                      | 14.8%   |
| Major Depressive Disorder, Recurrent | 897                        | 8.8%  |
| Adjustment Reaction, other           | 885                        | 8.7%  |
| Neurotic Depression                  | 837                        | 8.2%  |
| Four Most Frequent Diagnoses         | 4,126                      | 40.6%   |